

CIVIL COMPLAINT FORM TO BE USED BY A *PRO SE* PRISONERIN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

CLEMAT Reese N04153
Full Name of Plaintiff Inmate Number

Civil No. _____
(to be filled in by the Clerk's Office)

Detective Conrad Corey
Name of Defendant 1

☒ Demand for Jury Trial
☐ No Jury Trial Demand

Detective John Munley
Name of Defendant 2

Detective Harold Zech
Name of Defendant 3

Detective Tommy Davis
Name of Defendant 4

Detective Vince Borkiewicz
Name of Defendant 5

(Print the names of all defendants. If the names of all defendants do not fit in this space, you may attach additional pages. Do not include addresses in this section).

**FILED
SCRANTON**

AUG 01 2024

Per 
DEPUTY CLERK

I. NATURE OF COMPLAINT

Indicate below the federal legal basis for your claim, if known.

- ☒ Civil Rights Action under 42 U.S.C. § 1983 (state, county, or municipal defendants)
- ☐ Civil Rights Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971) (federal defendants)
- ☐ Negligence Action under the Federal Tort Claims Act (FTCA), 28 U.S.C. § 1346, against the United States

II. ADDRESSES AND INFORMATION

A. PLAINTIFF

Clemat, Pierre

Name (Last, First, MI)

NQ4153

Inmate Number

SCI Somerset

Place of Confinement

SCI-Somerset 1590 Walters Mill Rd

Address

Somerset, PA 15510

City, County, State, Zip Code

Indicate whether you are a prisoner or other confined person as follows:

- ☐ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
☒ Convicted and sentenced state prisoner
☐ Convicted and sentenced federal prisoner

B. DEFENDANT(S)

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1:

Condrael, Corey

Name (Last, First)

Dunmore Police Department

Current Job Title

Detective

Current Work Address

City, County, State, Zip Code

Defendant 2:

John A Munley, John

Name (Last, First)

Detective

Current Job Title

Dunmore Police Dept.

Current Work Address

City, County, State, Zip Code

Defendant 3:

Zech, Harold

Name (Last, First)

Detective

Current Job Title

Dunmore Police Dept.

Current Work Address

City, County, State, Zip Code

Defendant 4:

Davis, Tommy

Name (Last, First)

Detective

Current Job Title

Dunmore Police Dept.

Current Work Address

City, County, State, Zip Code

Defendant 5:

Butkiewicz, Vince

Name (Last, First)

Detective

Current Job Title

Dunmore Police Dept.

Current Work Address

City, County, State, Zip Code

III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

A. Describe where and when the events giving rise to your claim(s) arose.

Four Points Hotel on Meadow Avenue City of Scranton

B. On what date did the events giving rise to your claim(s) occur?

November 15th 2017

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?)

I was Arrested and was Charged for Drugs that was not mine and was given a State sentence for and they really ~~they~~ were not mine I was never found with drugs on my belongings or on my personal possession. I was framed for Drugs that were not mine on November 15th 2017 by Det. Corey Conrad, John Munley, Harold Zech, Tommy Davis and Vince Butkiewicz all are detectives that lied to get me convicted on the Drugs that were not mine By all of the Detectives at the Dunmore Police Department.

IV. LEGAL CLAIM(S)

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed.

8th Amendment Wrongful Arrest and False imprisonment under the 8th Amendment.

8th Amendment Cruel and unusual punishment.

V. INJURY

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

Mental and emotional Distress, ~~XXXXXX~~

VI. RELIEF

State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

I want to be retried in court and want to be compensated for the days I have done in State Prison on my false Drug Charges.

VII. SIGNATURE

By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.

Pierre Clemat

Signature of Plaintiff

7-24-2024

Date

Smart Communications/PADOC

SCI-Somerset

Name Pierre Clemat

Number NQ4153

PO Box 33028

St Petersburg FL 33733

RECEIVED
SCRANTON

AUG 01 2024

PER



DEPUTY CLERK

Legal Mail
Peter J. Welsh Clerk of Court
William J. Nealon Bldg. & U.S. Courthouse
235 N. Washington Avenue
P.O. Box 1148
Scranton, PA 18501-1148

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